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APPLICANTS

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 ** CONTINUING DATA ***** *ATB* *none*

 ** FOREIGN APPLICATIONS ***** *none* *ATB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 21	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
Verified and Acknowledged	<i>ATB</i> Examiner's Signature Initials				

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TITLE

Method of using modified oligonucleotides for hepatic delivery

FILING FEE RECEIVED 537	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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